



PTO/SB/22 (12-97)  
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Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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#19  
10524

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 1267
In re Application of <b>Brockhoff</b>		
Application Number <b>08/938,173</b>	Filed <b>09/26/1997</b>	
For Method and Device for Removing Gas from Gas <b>Containing Blood</b>		
Group Art Unit <b>1723</b>	Examiner <b>Kim, J.</b>	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |                                     |                                  |                  |
|-------------------------------------|----------------------------------|------------------|
| <input type="checkbox"/>            | One month (37 CFR 1.17(a)(1))    | \$ _____         |
| <input type="checkbox"/>            | Two months (37 CFR 1.17(a)(2))   | \$ _____         |
| <input checked="" type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ <u>870.00</u> |
| <input type="checkbox"/>            | Four months (37 CFR 1.17(a)(4))  | \$ _____         |
| <input type="checkbox"/>            | Five months (37 CFR 1.17 (a)(5)) | \$ _____         |

☒ Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 435.00

A small entity statement under 37 CFR 1.27:

☐ is enclosed.

☒ has already been filed in this application.

☒ A check in the amount of the fee is enclosed.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 500-246. I have enclosed a duplicate copy of this sheet.

I am the ☐ assignee of record of the entire interest.

☐ applicant.

☐ attorney or agent of record.

☒ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a). 28,184

2-20-00

Date

Robert C. Beck

Signature  
Typed or printed name

09/28/2000 CNGUYEN

0000038 08938173

01 FC:217

435.00 OP

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Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (6-98)  
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	08/938,173
	Filing Date	09/26/1997
	First Named Inventor	Brockhoff
	Group Art Unit	1723
	Examiner Name	Kim, J.
Total Number of Pages in This Submission	Attorney Docket Number	1267

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	CCT-2 2000 PTC 1700 MAIL ROOM
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Beck & Tysver, P.L.L.P.	
Signature		
Date	2-20-00	

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 9/20/2000		
Typed or printed name	JoAnn Shimota	
Signature		Date
		9/20/2000

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# FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 435.00

## Complete if Known

Application Number	08/938,173
Filing Date	09/26/1997
First Named Inventor	Brockhoff
Examiner Name	Kim, J.
Group / Art Unit	1723
Attorney Docket No.	1267

<b>METHOD OF PAYMENT</b> (check one)  1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number <u>500-246</u> Deposit Account Name <u>Beck &amp; Tysver, P.L.L.P.</u> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17  2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other	<b>FEE CALCULATION</b> (continued)  3. <b>ADDITIONAL FEES</b> Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Fee Description Fee Paid 105 130 205 65 Surcharge - late filing fee or oath 127 50 227 25 Surcharge - late provisional filing fee or cover sheet. 139 130 139 130 Non-English specification 147 2,520 147 2,520 For filing a request for reexamination 112 920* 112 920* Requesting publication of SIR prior to Examiner action 113 1,840* 113 1,840* Requesting publication of SIR after Examiner action 115 110 215 55 Extension for reply within first month 116 380 216 190 Extension for reply within second month 117 870 217 435 Extension for reply within third month 118 1,360 218 680 Extension for reply within fourth month 128 1,850 228 925 Extension for reply within fifth month 119 300 219 150 Notice of Appeal 120 300 220 150 Filing a brief in support of an appeal 121 260 221 130 Request for oral hearing 138 1,510 138 1,510 Petition to institute a public use proceeding 140 110 240 55 Petition to revive - unavoidable 141 1,210 241 605 Petition to revive - unintentional 142 1,210 242 605 Utility issue fee (or reissue) 143 430 243 215 Design issue fee 144 580 244 290 Plant issue fee 122 130 122 130 Petitions to the Commissioner 123 50 123 50 Petitions related to provisional applications 126 240 126 240 Submission of Information Disclosure Stmt 581 40 581 40 Recording each patent assignment per property (times number of properties) 146 690 246 345 Filing a submission after final rejection (37 CFR § 1.129(a)) 149 690 249 345 For each additional invention to be examined (37 CFR § 1.129(b))  Other fee (specify) _____ Other fee (specify) _____  SUBTOTAL (3) (\$ 435.00
<b>FEE CALCULATION</b>  1. <b>BASIC FILING FEE</b> Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Fee Description Fee Paid 101 690 201 345 Utility filing fee 106 310 206 155 Design filing fee 107 480 207 240 Plant filing fee 108 690 208 345 Reissue filing fee 114 150 214 75 Provisional filing fee  SUBTOTAL (1) (\$ )  2. <b>EXTRA CLAIM FEES</b> Total Claims <u>  </u> -20** = <u>  </u> X <u>  </u> = <u>  </u> Independent Claims <u>  </u> -3** = <u>  </u> X <u>  </u> = <u>  </u> Multiple Dependent <u>  </u> = <u>  </u> *or number previously paid, if greater; For Reissues, see below  Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Fee Description Fee Paid 103 18 203 9 Claims in excess of 20 102 78 202 39 Independent claims in excess of 3 104 260 204 130 Multiple dependent claim, if not paid 109 78 209 39 ** Reissue independent claims over original patent 110 18 210 9 ** Reissue claims in excess of 20 and over original patent  SUBTOTAL (2) (\$ )	<b>RECEIVED</b> OCT-2 2000 1100 MAIL ROOM  SUBTOTAL (2) (\$ )

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Robert C. Beck	Registration No. (Attorney/Agent)	28,184
Signature	<i>Robert C. Beck</i>	Telephone	952-933-3412
		Date	2-20-00

### WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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